

Great Valley High School Sports Medicine Handbook



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Athletic Training Program

Mission Statement: It is the goal and intent of the Athletic Training Staff to give quality care to all of the student-athletes of Great Valley High School. The staff will adhere to the ethics of the National Athletic Trainer's Association (NATA) Inc. and Pennsylvania's Athletic Trainers' Practice Act.

Athletic Training Staff:

Team Physician: Dr. Barry Burkhardt – The Team Physician oversees the Athletic Training Program and approves a standard of care, as written in a Medical Standing Orders, for the care and rehabilitation of the student-athletes.

Head Athletic Trainer: Keith Johnson, ATC, EMT – The Head Athletic Trainer shall direct and oversee the daily operations of the Athletic Training room including practice and game coverage of varsity, junior varsity and freshman sport teams. He/she will oversee prevention, treatment, and rehabilitation of injuries to the student-athletes.

Assistant Athletic Trainer: Sarrah Raub, ATC – The Assistant Athletic Trainer shall assist the Head Athletic Trainer with the daily operations of the Athletic Training room including practice and game coverage of varsity, junior varsity and freshman sport teams.

Student Athletic Trainers: Great Valley High School is an active participant in the clinical education of student athletic trainers from West Chester University. All students are maintained and carry out the care of student-athletes as per state law and the contractual agreements between Great Valley High School and West Chester University.

High School Athletic Trainers: Great Valley High School supports students furthering their education through extracurricular activities. One of these activities includes working with the Athletic Training Staff at the High School. These students may assist with the care of student-athletes under the direction of a Certified Athletic Trainer.

Athletic Training Room: It is imperative that all rehabilitation and treatments be completed prior to practices beginning in order for student-athletes to properly prepare themselves and compete. The athletic training room will also be open during school hours for rehabilitation and treatment of those student-athletes with campus privileges or open spots in their schedules. Treatments during these times should be scheduled with the athletic training staff prior to the occurrence.

Practice Coverage: Every effort will be made to have a Certified Athletic Trainer (ATC) on-site for all practices to be available for the student-athletes. It must be understood that all home games will get on-field coverage while practices may be going on.

Game Coverage: As required by PIAA governing rules an ATC will attend all varsity football games home and away. An ATC will also cover all home junior-varsity and

freshman football games. Every effort will be made to cover all home events with a representative of the athletic training staff with an ATC being onsite.

Medical Certification: All student-athletes must receive medical certification to participate with a sports team per PIAA rules. The Athletic Office will provide forms for such. Medical certification is good for one year from the date of the physical unless (a) the student suffers an illness or injury which renders the student unable to participate in 25% or more of the Regular Season Contests in the immediate preceding sports season; and/or (b) suffers an illness or injury which resulted in absence from school for ten (10) or more days and/or requires surgery. In these cases a re-certification will be required. The Athletic Office will maintain a list of all student-athletes cleared to participate.

Emergency Athletic Cards: All student-athletes must have an emergency athletic card on file to participate on an athletic team. These cards will remain with each respective coach during the season in the event of an emergency. At the end of each season they will be returned to the Athletic Training Staff.

Wrestling Weight Certification: The PIAA has established a wrestling weight certification program that is required for all middle school and high school wrestlers. The Athletic Training Staff will oversee the certification process in accordance with PIAA regulations. For additional information please contact the Head Athletic Trainer or the Head Wrestling Coach.

Important Phone Numbers

Athletic Trainer's Room	610-889-1947
Keith's Cell	610-633-1478
Sarrah's Cell	484-459-0182
Athletic Director	610-889-1920
GVHS	610-889-1900
Bus Garage	610-917-8660
Ambulance—Emergency	911

Athletes and Parents Section

Injuries and Evaluations: All injuries that occur during an athletic practice or event should be reported to the Athletic Training staff in a timely fashion. Injuries that occur outside a school function or event should also be reported to the Athletic Training Staff (Especially for student-athletes that are currently in-season). The Athletic Training Staff shall complete an initial evaluation and decide on the appropriate handling of the injury. Evaluations will be conducted as such:

- A detailed and accurate history will be taken.
- The body part will be inspected for swelling, discoloration, scars, etc including how the athlete carries the body part.
- Bony and soft-tissue areas will be palpated for swelling, pain, crepitus, point tenderness, deformity, temperature change, etc and compare bilaterally when possible.
- Passive and active range-of-motion of the body part will be tested. Active-assistive range-of-motion may be tested if necessary.
- The strength of all surrounding musculature will be tested.
- Circulation and neurological status of the body part will be tested.
- Any necessary special tests will be performed on the body part.

Treatments - Treatment of injuries to athletes will be implemented according to the following guidelines with the knowledge and consent of the Team Physician. It is understood that minor adjustments may be occasionally necessary for optimal results. An ATC must approve any adjustments. It is also understood that this guideline refers to the treatment of young (14-19 years of age) healthy individuals who are medically able to compete in high school athletics.

1. Ice – Used on most new musculo-skeletal trauma for the first 24 to 72 hours post-injury or until the active inflammatory process slows. Special care must be given with individuals with blonde or red hair, blue eyes and light skin complexion due to a potential for hypersensitivity to hypothermia.
2. Ice with compression and elevation – Used on all new musculoskeletal trauma for first 24 to 72 hours or until edema formation has stopped.
3. Ice Massage – May be used in conjunction with cryokinetics when exercise program does not constitute a threat to proper healing or when an anesthetic condition is desired.
4. Cold Whirlpool – May be used in the post-acute stages, for inflammatory conditions or in conjunction with exercise when the exercise program does not constitute a threat to proper healing or when an anesthetic condition is desired. Water temperature will usually be between 55 and 60 degrees Fahrenheit.
5. Contrast Bath – May be used as a supportive modality or when a vascular pumping action is desired.
6. Warm Whirlpool/Heat (hydrocollator) Packs – May be used as a local form of superficial heat for sub-acute or chronic musculoskeletal injuries to the extremities. Water temperature normally will be between 100 and 110 degrees. Hydrocollator packs may be substituted if large body areas need to be treated and

cannot be submerged to treat that specific area. Warm whirlpool usually becomes the treatment choice for one or more of the following reasons:

- Uniformity of heat around an irregular body part.
- Need to increase range of motion in joint being treated.
- Need for active exercise while heat is applied.

Special care must be given with individuals with blonde or red hair, blue eyes and light skin complexion as well as when conditions are favorable for heat related illnesses.

7. Electrical Stimulation – May be used with sub-acute, acute or chronic injury management. May also be used in conjunction with exercise for muscle re-education.
8. Iontophoresis – May be used for treatment of specific orthopedic pathologies. This modality can only be used with written orders from a physician and under the direct supervision of the certified athletic trainer.
9. Massage – May be used for the following sub-acute or chronic situations:
 - Gentle effleurage to aid venous and lymphatic drainage.
 - Friction to tendonitis problems or adhesions secondary to surgery.
 - Effleurage and/or pertissage to aid in the relief of muscle spasm
10. Ultrasound – May be used on sub-acute or chronic localized soft tissue trauma. Usually most effective on dense tissues (ligaments or tendons) and areas where specific pain location (trigger point) may be determined. The use of the contact method or the submersion method is left up to the discretion of the certified athletic trainer. Treatment is limited to 2 weeks or 10 treatments. Treatment will not take place over epiphyseal areas of immature athletes, near the spine or genitalia. Intensity normally will not exceed 1.5 watts per square centimeter for five minutes.
11. Ultrasound with electrical stimulation – May be used where muscle spasm is associated with pathology of the tendon or musculo-tendinous junction.
12. Phonophoresis – May be used on sub-acute or chronic localized soft tissue trauma. Must be used with a prescription from a physician. Treatment will not take place over epiphyseal areas of immature athletes. Intensity normally will not exceed 1.5 watts per square centimeter for five minutes. This modality can only be used with written orders from a physician and under the direct supervision of the certified athletic trainer.
13. Therapeutic Exercise – Will be used in all injuries that effect any of the following:
 - Muscle damage
 - Joint stability
 - Joint strength
 - Muscle strength
 - Joint range of motion
 - Muscle flexibility
 - Proprioception
 - Joint mobilization

Return-to-Play after an Injury: Any time an athlete is seen by a Physician, for anything other than a routine check-up, a note from that Physician should be brought to the

Athletic Training Staff detailing the condition, any restrictions due to this condition and any required rehabilitation or treatment needed. This includes any trips to an Emergency Room. Athletes will be restricted from practice/play until such note is presented to the Athletic Training Staff. If an athlete has been restricted from practice/play by a Physician, a note from that Physician will be required to return-to-play. If the Athletic Training Staff has restricted an athlete from practice/play they may not return until cleared by the Athletic Training Staff.

Policies and Procedures

Athletic Training Room Policies

- The athletic training room (ATR) will be open from the end of the school day until the end of practices/games unless otherwise posted or needed for sports coverage.
- **ALL** injuries should be reported to the Athletic Training Staff as soon as possible.
- Athletes will be treated on a first-come first-serve basis with the exception of teams that are traveling or teams with games.
- Athletes are responsible for getting their taping or treatments done in time for practices/games.
- Athletes who are restricted from practice/play are expected to report to the training room for treatments and/or rehabilitation after 3:00 p.m. unless otherwise directed by the Athletic Training Staff.
- No athlete is permitted to use the ATR, its modalities and/or equipment without the supervision of an ATC.
- Self-treatment is not permitted at anytime. Athletes must be evaluated by the Sports Medicine Staff prior to any treatments or rehabilitation.
- Treatments and rehabilitation should be completed until released by the Athletic Training Staff.
- Please be respectful of others in the ATR. Vulgar and offensive language will not be tolerated. Failure to comply will result in removal from the athletic training room.
- Please leave all sports-related equipment, bags, etc outside of the ATR.
- Spikes and cleats are not to be worn in the ATR.
- Appropriate attire is expected in the ATR. Failure to do so will result in removal from the ATR.
- Please keep the ATR clean and orderly. Place dirty towels in the towel bin. Medical and rehabilitation equipment should be returned to its appropriate location.
- No rough housing will be permitted in the athletic training room. Failure to do so will result in removal from the ATR.

General Medical Guidelines for Sports Medicine Staff

Ambulance Guidelines

1. An ambulance is to be called for any life threatening emergency condition.
2. 911 should be called directly when possible or notified through the office by radio when necessary.
3. Give your name, location, phone number, athlete's age and condition when calling.
4. Every effort should be made to contact the ATC on-site if he/she is not already there.
5. When in doubt on the extent of the injury, err on the side of caution and call the ambulance.

Acute sprains and strains

1. Apply ice, compression and elevation.
2. Immobilize the body part if the injury is serious enough to require such.

Athlete's foot

1. Apply an appropriate anti-fungal ointment 2 times daily if the area is dry.
2. Apply an appropriate anti-fungal powder 2 times daily if the area is moist.
3. Apply hydrocortisone cream in addition to anti-fungal treatment 2 times daily if area itches.
4. Advise athlete to change his/her socks at least twice a day.
5. Refer to further medical treatment if area is not better within 24 hours.

Bee stings

1. Determine if the patient is allergic to bee stings.
2. If the athlete is allergic, has their injectable medication, and begins to show signs of anaphylaxis, assist with administration of the medication and activate EMS immediately.
3. Observe the area for redness, swelling, hives and stinger in the wound.
4. Evaluate for signs and symptoms of shock and treat as necessary.
5. Apply ice to the area for 30 minutes.
6. If athlete is not allergic and all symptoms resolve athlete may return to practice/game with approval of a certified athletic trainer.

Blisters

1. If blister is broken then treat like an open wound.
2. If blister is not broken do not break the blister.
3. Bandage area and place a donut over the tender area to relieve pressure.
4. Soaking the affected area in warm water with betadine for 15 minutes, 2 to 3 times daily, if the blister is open.

Boil

1. DO NOT SQUEEZE OR TRY TO BREAK OPEN THE LESION.
2. Apply moist heat to the area for 20 minutes three times daily.
3. Refer to further medical treatment.

Burns

1. DO NOT BREAK OPEN BLISTERS.
2. Apply cool water or ice to the area.
3. Monitor for shock.
4. Dress wound with sterile gauze dressing and an appropriate bandage.
5. Refer for further medical treatment if the burn is a second degree or greater or covers a large part of the body.

Cauliflower ear

1. Apply ice and compression to the ear.

2. Refer for further medical treatment.

Colds/Cough/Flu

1. Determine signs and symptoms of condition.
2. Check athlete for a temperature. If temperature is 100 degrees F or higher send athlete home.
3. Advise athlete to increase fluid intake.
4. If athlete continues to have symptoms for greater than 48 hours refer for further medical evaluation.

Concussions

1. Remove athlete from practice and game play.
2. If unconscious, assume a cervical spine injury and refer to emergency procedures.
3. If conscious:
 - a. Examine pupils for reactivity, tracking and size. Compare bilaterally.
 - b. Examine for photophobia (fear of light).
 - c. Examine for headache, dizziness, ringing or buzzing in ears, unsteady gait, and disorientation.
 - d. Examine for amnesia.
 - e. Examine cognitive activities: 100-7 test, time/place/person/situation, and memory test.
 - f. Check for Romberg's sign.
 - g. Re-examine athlete every five minutes.
4. **A PHYSICIAN MUST CLEAR ANY ATHLETE WHO LOSES CONSCIOUSNESS FOR ANY LENGTH OF TIME BEFORE RETURNING TO PHYSICAL ACTIVITY.**
5. Grade 1 Concussions:
 - a. No loss of consciousness.
 - b. Possible retrograde amnesia.
 - c. Signs and Symptoms: headache, dizzy, unsteady, disorientation
 - d. Return to activity:
 - i. All symptoms must be resolved within 15 minutes of the concussion.
 - ii. Athlete must be able to pass all cognitive and memory tests without symptoms.
 - iii. Athlete must be able to perform cardiovascular/exertional activities at pre-injury levels without symptoms.
 - iv. Athlete must be able to perform sport-specific activities at pre-injury levels without symptoms
 - v. Must be cleared by a certified athletic trainer prior to return to practice or competition.
6. Grade 2 Concussions:
 - a. Loss of consciousness of 5 minutes or less or symptoms lasting more than 15 minutes.
 - b. Possible retrograde amnesia.

- c. Sign and symptoms: headache, dizzy, unsteady, nausea, disorientation
 - d. Athlete must be seen by a physician within 24 hours of injury.
 - e. Return to activity:
 - i. Athlete will be held from practice and competition for a period not less than 1 week following the concussion and be asymptomatic for 1 week prior to return.
 - ii. Athlete must be able to pass all cognitive and memory tests without symptoms.
 - iii. Athlete must be able to perform cardiovascular/exertional activities at pre-injury levels without symptoms.
 - iv. Athlete must be able to perform sport-specific activities at pre-injury levels without symptoms
 - v. Must be cleared by a physician prior to return to practice or competition.
7. Grade 3 Concussions:
- a. Loss of consciousness greater than 5 minutes.
 - b. Possible retrograde and anterograde amnesia.
 - c. Signs and Symptoms: headache, dizzy, unsteady, lethargy, nausea, vomiting, decreased papillary reflex, pupil dilation
 - d. Athlete must seek medical attention immediately after the injury.
 - e. Return to play:
 - i. Athlete will be held from practice or competition for a period not less than 1 month following the concussion and must be asymptomatic for 1 week prior to return
 - ii. Athlete must be able to pass all cognitive and memory tests without symptoms.
 - iii. Athlete must be able to perform cardiovascular/exertional activities at pre-injury levels without symptoms.
 - iv. Athlete must be able to perform sport-specific activities at pre-injury levels without symptoms
 - v. Must be cleared by a physician prior to return to practice or competition.
8. Multiple Concussions
- a. Any athlete who sustains multiple concussions will have to be evaluated and cleared by a physician prior to return to practice or competition.
 - b. Athletes who sustain multiple concussions will be held out of practice and competition depending on the number and type of concussions and Physician's approval.
 - c. Generally we will use the following as a guideline:
 - i. Multiple Grade 1 concussions during the sport season:
 - 1. Held from practice/competition for 2 weeks after second concussion and must be asymptomatic for 1 week prior to return.
 - 2. Held out of remainder of sport season until cleared by a physician to return.

- ii. Multiple Grade 2 concussions during the sport season:
 1. Held from practice/competition for 4 weeks after second concussion and must be asymptomatic for 1 week prior to return.
 2. Held out of remainder of sport year and consider end of sport career.
- iii. Multiple Grade 3 concussions during the sport season:
 1. Held out of remainder of sport year and consider end of sport career.

Contusions

1. Apply ice, compression and elevation.
2. Apply a compressive wrap to the area for practice/competition.

Dislocations

1. DO NOT ATTEMPT TO REDUCE THE DISLOCATION.
2. Check for distal pulse.
3. If distal pulse is absent, immobilize the body part in either the neutral position or the position it was found in and have athlete taken to emergency room immediately.
4. If there is a pulse, immobilize the body part in either the neutral position or the position it was found in, ice, and refer for further medical evaluation.
5. Continue to monitor distal pulse.

Exercise Induced Asthma

1. Attempt to calm the athlete.
2. If athlete has a history of EIA see if they have their medication.
3. Have the athlete administer their medication if they are able.
4. Perform controlled breathing and relaxation exercises.
5. If athlete does not improve or worsens contact 911 and transport to the emergency room.

Fractures

1. Remove athlete from participation.
2. Check distal pulse.
3. If there is no pulse, immobilize and activate EMS.
4. If pulse is present, immobilize and apply ice, refer for further medical evaluation.

Heat Exhaustion

1. Remove athlete to a cool, shaded place.
2. Determine the athlete's fluid and food intake for past 6-12 hours.
3. Determine if the athlete has a headache, fever, nausea, dizziness, weakness, fatigue, skin color, skin temperature and if they have been sweating excessively.
4. Take the athlete's temperature.

5. Take the athlete's vital signs.
6. Advise the athlete to increase fluid intake.
7. Remove athlete from practice or competition for the remainder of the day.
8. Monitor vitals.
9. Refer for further medical evaluation if necessary.

Heat Stroke

1. Remove athlete to a cool, shaded place.
2. Contact ATC if he/she is not already there.
3. Determine the athlete's fluid and food intake for past 6-12 hours.
4. Determine if the athlete has a headache, fever, nausea, dizziness, weakness, fatigue, skin color, skin temperature and if they have been sweating excessively and has since stopped.
5. Take the athlete's temperature.
6. Take the athlete's vital signs.
7. IF THE ATHLETE APPEARS TO BE EXPERIENCING HEAT STROKE CALL 911 AND TRANSPORT IMMEDIATELY TO THE ER.
8. Monitor vital signs.

Impetigo

1. Remove the athlete from participation, as this is a contagious infection.
2. Refer for further medical evaluation and treatment.

Inflammatory Conditions (Bursitis, Shin Splints, Synovitis, Tendinitis, Tenosynovitis, etc.)

1. Apply ice, compression and elevation.

Ingrown toe nail

1. Have the athlete soak the toe/foot in warm betadine water for 10 minutes.
2. Refer for further medical evaluation and treatment if necessary.

Internal eye injuries

1. Observe the eye for deformity, swelling, bleeding, discoloration, movement of the eye and eyelid.
2. Check pupil size and reaction to light. Compare bilaterally.
3. Check for any vision impairment (blindness, partial blindness, blurred vision, double vision, lights, flashes, shapes, colors, etc).
4. Patch both eyes.
5. Refer for further medical evaluation immediately.

Internal organ injury

1. Contact ATC if he/she is not already there.
2. Determine the presence of rigidity or point tenderness of the abdominal quadrants, thorax or posterior thorax regions.
3. Determine if the athlete has a fever, nausea, dizziness, weakness, vomiting, fatigue, skin color or temperature changes and perspiration.

4. Take the athlete's vital signs.
5. Check for Kehr's sign.
6. Have the athlete observe for blood in his/her urine.
7. Refer for further medical evaluation and treatment if necessary.

Jock Itch

1. Apply an appropriate anti-fungal ointment to area 2 times daily and refer for further medical evaluation if the area is wet.
2. Apply hydrocortisone cream along with an appropriate anti-fungal ointment 2 times daily if the area itches.
3. Advise athlete to change their underwear and athletic wear at least twice a day.
4. Refer for further medical evaluation if not better within 24 hours.

Muscle Spasms

1. Apply ice, compression and elevation if the injury is acute (with 72 hours) and head if the injury is sub-acute or chronic (over 72 hours).
2. Apply a compression wrap to the area

Nerve Injury (other than spinal cord)

1. Determine the sensory, motor and reflexive response of area.
2. Immobilize the area if serious enough to warrant such.

Open Wounds

1. EXERCISE UNIVERSAL PRECAUTIONS.
2. Apply direct pressure to control the bleeding.
3. Clean wound thoroughly and bandage.
4. If wound is infected treat by soaking affected area in warm water with betadine for 15 minutes.
5. Any puncture wounds, deep wounds, wounds requiring stitches or wounds that have become infected should be referred for further medical evaluation.

Ring worm

1. Removed the athlete from participation and refer for further medical evaluation.

Shock

1. Remove athlete from participation and have them lie down with feet elevate unless impossible due to other injuries.
2. Activate EMS.
3. DO NOT ADMINISTER FLUIDS BY MOUTH.
4. Monitor level of consciousness and vital signs.

Emergency Guidelines:

A serious injury is any condition whereby the athlete's life is in danger or the athlete risks permanent impairment. These injuries include, but are not limited to: cervical spine injury or spinal cord trauma, head injury, uncontrolled bleeding, fractures, heat stress, cardiovascular arrest, seizures, respiratory arrest, shock, diabetic emergencies, and internal organ injuries.

The following are generalized guidelines to follow in these situations:

- The ATC, or in his/her absence, the coach should evaluate the responsiveness of the athlete as well as his ABCs (Airway, Breathing, Circulation) and provide appropriate first aid as necessary.
- The ATC or coach should notify the office or call 911 directly for an ambulance. The location of the emergency, type of emergency, and your name should be given to them.
- If the Athletic Training Staff is not there they should be notified as soon as possible to respond.

Medical Instructions:

- Remain call at all times.
- Check the athlete's ABCs and establish responsiveness.
- Provide CPR, rescue breathing, etc. as needed.
- **NEVER MOVE AN UNCONSCIOUS ATHLETE** unless it is to perform a life saving procedure (i.e. CPR)
- Call for assistance.
- Render first aid as needed.

Procedures for Away events:

- Care should be rendered to the athlete immediately by either a Great Valley High School Athletic Training Staff member or by the host Athletic Training Staff.
- If the injury requires further immediate medical assistance, the athlete should be transported to the nearest appropriate medical facility.
- Contact Keith as soon as possible and notify him of the problem.

Communicable Disease Guidelines

Every effort should be taken to reduce the potential for transmission of any blood borne pathogens or communicable disease. This guideline is a combination of recommendations from the NFSH Communicable Disease Policy and the PIAA Sports Medicine Guidelines to reduce and potentially prevent these events.

The following procedures should include, but not be limited to:

Universal Hygiene Protocol for All Sports

- All student-athletes will be encouraged to shower immediately after all competitions and practices.

- All practice clothing should be washed after each workout.
- Personal gear and sports equipment should be aired out and not left in a bag/container after each use and washed periodically.
- Towels and other personal hygiene products should **NOT** be shared with others.

Infectious Skin Diseases

- Any lesion on the body should immediately be brought to the attention of guardian, athletic trainers and coaches prior to practice of competition. Student-athletes must have these lesions evaluated by a Physician prior to returning to competition.
- In the event of an outbreak on a sports team, especially contact sports, it is recommended that the remainder of the team be evaluated for potential spread of the infectious agent.
- Return to play must be in accordance with PIAA and league guidelines as well as the approval of a Physician. It may be permissible to continue competitions with the lesion covered appropriately in accordance with PIAA and league guidelines as well as the approval of a Physician.

Blood Borne Pathogens

- Bleeding must be controlled and stopped immediately. All wounds must be covered. All contaminated clothing must be cleaned appropriately or removed before return to practice or competition.
- Athletic Trainers or any individual involved in the care of the student-athlete should utilize universal precautions (gloves, eye shields, etc) to prevent contamination of themselves or others. Hands should be washed with antibacterial soap and water immediately after the removal of gloves.
- Contaminated skin or mucous membranes should be washed with soap and water immediately.
- All contaminated surfaces and equipment should be cleaned with a disinfectant prior to returning to competition. Cleaning should be done with necessary universal precautions. Hands should be washed with antibacterial soap and water immediately after the removal of gloves.
- Any blood exposure or bites to the skin that break the surface must be evaluated by a Physician immediately.

General Precautions and Disposal

- Athletic Training room surfaces and equipment should be cleaned with a disinfectant on a daily basis and whenever a potential for contamination exists.
- All contaminated or potentially contaminated disposable products should be disposed in the proper receptacle (approved biohazard waste container).
- All contaminated or potentially contaminated sharps (i.e. scalpels, needles, etc.) should be disposed in the proper receptacle (approved biohazard sharps container).
- It is recommended that mouthpieces, bag-valve masks, or other approved ventilation devices be used in the event of emergency resuscitation.

- Athletic Trainers or other health care providers with bleeding or oozing skin conditions should refrain from direct athletic care until the condition resolves.
- Biohazard waste containers and sharps containers will be disposed of properly when full in accordance with Commonwealth regulations and school policy.

Coaches Section

Communications: Every coach is required to have a means of communications with the Athletic Training Staff at all home and away practices and games. The preferred method of communications is cellular telephone. For events on the high school campus the two-way radios may also be used.

Emergency Athletic Cards: Every athlete is required to have a completed Emergency Athletic Card on file. These cards will be the responsibility of the Coach for each respective sport during the season. Cards should be readily available in the event on an emergency at home and away contests. At the end of each season these cards should be returned to the Athletic Training Staff.

Equipment: The Athletic Training Staff will provide each team with a medical kit, water cooler and ice cooler for their respective sports seasons. Each team will be responsible for maintaining this equipment during the season. Each team is responsible to have their medical kit, water and ice at all practices and games. The medical kit will be refilled as needed throughout the season. Cups will be provided to teams for games only. All equipment should be returned to the Athletic Training Staff at the end of the sport season.

The following will be provided by the Athletic Training Staff for specific games/events:

Basketball (all teams): Water will be provided at all home games for both teams.

Football - Varsity: Water, Ice and all auxiliary equipment will be assembled for Home and Away contests by the Athletic Training Staff. Assistance from the athletes is required to load and unload this equipment at Away contests.

Football – JV/Freshman: Water, Ice and all auxiliary equipment will be assembled for Home and Away contests by the Athletic Training Staff. The team will be responsible for all equipment at Away contests.

Track and Field – Spring: Water and Ice will be assembled by the Athletic Training Staff and located at a designated location for all home events.

Wrestling: Water will be provided at all home games for both teams.

Game and Practice Schedules: Every effort will be made by the Athletic Training Room staff to cover practices and games for all sports. Coaches should provide practice schedules to the Athletic Training Staff and notify them of any changes as necessary, especially for Saturdays and non-traditional practice times.

General Medical Guidelines for Coaches

Ambulance Guidelines

1. An ambulance is to be called for any life threatening emergency condition.
2. 911 should be called directly when possible or notified through the office by radio when necessary.
3. Give your name, location, phone number, athlete's age and condition when calling.

4. Every effort should be made to contact the ATC on-site if he/she is not already there.
5. When in doubt on the extent of the injury, err on the side of caution and call the ambulance.

Acute sprains and strains

1. Remove athlete from practice/competition.
2. Apply ice, compression and elevation.
3. Immobilize the body part if the injury is serious enough to require such.
4. Contact the Athletic Training Staff for evaluation if home or upon return to campus.

Bee stings

1. Determine if the athlete is allergic to bee stings.
2. If the athlete is allergic, has their injectable medication, and begins to show signs of anaphylaxis, assist with administration of the medication and activate EMS immediately.
3. Contact Athletic Training Staff immediately.
4. Evaluate for signs and symptoms of shock and treat as necessary.
5. Apply ice to the area for 30 minutes.
6. If athlete is not allergic and all symptoms resolve athlete may return to practice/game with approval of an ATC.

Concussions

1. If athlete complains of or appears to have any of the following symptoms: confusion, dizziness, headache, ringing in the ears, blurred vision, delayed verbal/motor responses, vacant stare, disorientation, slurred speech, memory deficits, or any loss of consciousness; Remove the athlete from practice or game play immediately and contact an ATC.
2. Athlete should be seen immediately by the ATC or a Physician immediately to determine the care required for the condition.
3. **Concussions are serious injuries and must be reported and evaluated by Medical Staff. If there is any reason to believe an athlete is concussed please report it IMMEDIATELY.**

Dislocations/Fractures

1. DO NOT ATTEMPT TO REDUCE THE DISLOCATION/FRACTURE.
2. Do not move athlete.
3. Contact on-site ATC immediately for assistance.
4. Check for distal pulse.
5. If distal pulse is absent, immobilize the body part in either the neutral position or the position it was found in and have athlete taken to emergency room immediately.
6. If there is a pulse, immobilize the body part in either the neutral position or the position it was found in, ice, and refer for further medical evaluation.
6. Continue to monitor distal pulse.

Exercise Induced Asthma

1. Attempt to calm the athlete.
2. Contact on-site ATC immediately for assistance.
3. If athlete has a history of EIA see if they have their medication.
4. Have the athlete administer their medication if they are able.
5. Perform controlled breathing and relaxation exercises.
6. If athlete does not improve or worsens contact 911 and transport to the emergency room.

Heat Exhaustion

1. Athlete will exhibit some or all of the following symptoms: hot-dry skin, lack of sweating, unconsciousness, high body temperature, bounding pulse.
2. **THIS IS A TRUE EMERGENCY. CALL 911 immediately.**
3. Remove athlete to a cool, shaded place.
4. Attempt to cool athlete without causing harm.
5. Contact on-site ATC immediately for assistance.

Heat Stroke

1. Athlete will exhibit some or all of the following symptoms: cold clammy skin, profuse sweating, dizziness, fainting, weak/rapid pulse.
2. Remove athlete to a cool, shaded place.
3. Contact on-site ATC immediately for assistance.
4. Remove excess clothing, equipment from athlete.
5. Have athlete drink water as able.

Open Wounds

1. EXERCISE UNIVERSAL PRECAUTIONS.
2. Apply direct pressure to control the bleeding.
3. Clean wound thoroughly and bandage.
4. Any puncture wounds, deep wounds, wounds requiring stitches or wounds that have become infected should be referred for further medical evaluation.
5. Contact on-site ATC immediately for assistance.